



**KidsCare & Parents  
Premium Billing Statement  
Health Insurance**

MAKE CHANGES TO MAILING ADDRESS BELOW:

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**Payment Coupon**

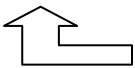
|                   |                   |
|-------------------|-------------------|
| Account Number    | <b>G12345678</b>  |
| Total Payment Due | <b>\$ 35.00</b>   |
| Payment Due Date  | <b>02/15/2008</b> |

Amount Enclosed

|    |
|----|
| \$ |
|----|

**John Q Member  
123 Saguaro Rd #525  
Phoenix AZ 85034**

Write your name and account number on the front of your check or money order and make payable to AHCCCS. Do not send cash



**Detach payment coupon and return with your check or money order**



## Account Summary

Statement Date **02/01/2008**  
Account number **G12345678**  
Payment due date **02/15/2008**

| REF NO                         | MEMBER | PREVIOUS BALANCE | (-) PAYMENTS & CREDITS | (-) ADJUSTMENTS | = PAST DUE AMOUNT | (+) ENROLLMENT FEE | (+) CURRENT AMOUNT | (=) TOTAL DUE |
|--------------------------------|--------|------------------|------------------------|-----------------|-------------------|--------------------|--------------------|---------------|
| 00                             | CHILD  | \$35.00          | \$35.00                | \$0.00          | \$ 0.00           | 0.00               | \$35.00            | \$ 35.00      |
| Total Amount Due for Household |        |                  |                        |                 |                   |                    |                    | \$ 35.00      |

**IF YOU SIGNED UP FOR AUTOPAY SERVICE:**

Continue paying your monthly premium by check or money order until the notice below appears on your monthly bill:

**AUTOPAY NOTIFICATION**

The total payment amount will be deducted from your bank account on the due date.

**PARTIAL PAYMENTS ARE APPLIED AS FOLLOWS:**

If the premium payment received is less than the total amount due, payment will first be applied for any prior month amount past due. Any remaining amount will be applied to the current amount due.

**QUESTIONS?**

**Member services**

For questions regarding a change in the amount of a premium, requests to cancel coverage or to report address changes or changes in income, please call.

- From area codes 480, 602 or 623, call (602) 417-5437
- From area codes 520 or 928, call toll free 1-877-764-5437

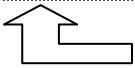
**Important!** If your income goes down or you lose your job, your premium amount might also go down.

**Premium Billing**

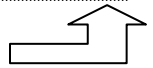
Billing inquiries, please call:

- From area codes 480, 602 or 623, call (602) 417-4254
- From area codes 520 or 928, call toll free 1-888-827-4420

**KIDSCARE & PARENTS  
AHCCCS HEALTH INSURANCE  
PO BOX 29144  
PHOENIX AZ 85038-9144**



***Detach payment coupon and return with your check or money order***



**INFORMATION ABOUT MAKING PAYMENTS**

**CREDITING PAYMENTS:** For payments sent by regular mail, please allow 5-7 days for your payment to reach us. Payment is considered received on the date the Administration credits the payment to your account as evidenced by the posting date in the Administration's premium billing system. Walk-in payments can be made at 701 E. Jefferson, Phoenix and will be credited to your account that same day if dropped off at this address by 4 p.m. on a business day (each day except Saturdays, Sundays, and holidays).

**Payments received after the 15th of the month are delinquent and may result in a lapse or loss of coverage.**

- 1) **MAKE** your personal check, cashier's check or money order payable to AHCCCS. ***Do not send cash.***
- 2) **WRITE** your account number and name on the front of your check or money order.
- 3) **SEND** your check or money order along with your payment coupon in the enclosed return envelope.